

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/926742**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	
1	/				
2	/				
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50					
TOTAL IND.	2				
TOTAL DEP.	8				
TOTAL CLAIMS	10				

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	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS